



08/31/01

REISSUE

PTO/SB/50 (4/98)

Approved for use through 9/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box: Patent Application Washington, DC 20231	Attorney Docket No.	P54428RE
	First Named Inventor	Seung-Cheol Hong et al.
	Original Patent Number	5,944,830
	Original Patent Issue Date (Month/Day/Year)	August 31, 1999
	Express Mail Label No.	

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (not executed) <i>(37 C.F.R. §1.175)(PTO/SB/51 or 52)</i> 6. <input type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) -combined in Declaration <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) -combined in Declaration	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). -combined in Declaration 8. <input checked="" type="checkbox"/> Original U.S. patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)- -combined in Declaration 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(If applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Other: _____

15. CORRESPONDENCE ADDRESS


<input checked="" type="checkbox"/> Customer Number or Bar Code Label		008-439 <i>(Insert Customer No. Or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below	
Name	ROBERT E. BUSHNELL and Law Firm				
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Signature		Date	31 August 2001

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REB/kf

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) P54428RE			
Claims as Filed - Part 1								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 60	**** 60 - 20 = 40	×\$ ____ =		or	×\$ 18.00 =	\$720.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 16	* 16 - 3 = 13	×\$ ____ =			×\$ 80.00 =	\$1,040.00
Basic Fee (37 CFR 1.16(h))				\$ ____		OR		
Total Filing Fee				\$ ____				
						\$ 2,470.00		
Claims as Filed - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR		
					\$	\$		
<p><input type="checkbox"/> If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p><input type="checkbox"/> If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p><input type="checkbox"/> After any cancellation of claims.</p> <p><input type="checkbox"/> If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p><input type="checkbox"/> "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____. In the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The amount of \$ 2,470.00 will be paid later upon filing of an executed Declaration.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>31 August 2001</u></p> <p>Date</p> </div> <div style="width: 50%; text-align: center;">  <p>_____ Signature of Applicant, Attorney or Agent of Record</p> <p>Robert E. Bushnell _____ Typed or printed name</p> </div> </div>								

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